Knowledge, attitude and practice study about voluntary blood donation amongst eligible blood donors.

Introduction

In spite of the extensive promising research, a true substitute for blood and blood components (red blood cells, platelets, blood clotting factors, fresh frozen plasma or white blood cells) are not developed yet.1 Blood transfusion are often needed for trauma victims, due to accidents and burns, heart surgery, organ transplant, post partum hemorrhage, patient receiving treatment for cancer and other diseases, such as sickle cell anaemia and thalaessemia.

Efforts continue worldwide to establish and maintain sufficient numbers of regular, volunteer blood donors to ensure an adequate and safe blood supply. The constant concern to meet the demands for blood is because of the fact that only a small percentage of the eligible population actually chooses to donate blood on a regular basis. Cause mostly found insufficient knowledge and false belief e.g. blood donation can cause transmission of blood borne diseases5.   
  
In 2002, the Government of India adopted the National Blood Policy, also known as the "Action Plan for Blood Safety", to ensure an adequate and safe blood supply to its blood banks. This policy relies heavily on voluntary blood donors, as they are usually assumed to be associated with low levels of transfusion-transmitted infections, including HIV and hepatitis viruses. The safest blood donors are voluntary, non-remunerated blood donors from low-risk populations.2  
  
Apart from the overall shortage of blood, there is still a dependency on the professional donors and other problems like inadequate infrastructure and shortage of trained personnel.  
  
In India, about three million units are collected annually against the requirement of seven million, for a population of nine hundred million. The blood collection system is still dependent predominantly on replacement family donors. According to the 1997 blood collection figures, 40% of the donors were voluntary, 30% replacement and 30% were paid donors. An autologous and directed blood donation system is not very prevalent.3

In an attempt to understand the knowledge, beliefs about blood donation and to assess the possible reasons for donating and not donating blood this study is designed.

Objective

To determine the knowledge, attitude and belief about blood donation and transfusion in rural population of PHC Talegaon.

MATERIAL AND METHODS:

Study area:

The study will be carried out in the selected villages under field practice area of Rural Health Training Centre, Talegaon which is a peripheral centre of Department of Community Medicine, Mahatma Gandhi Institute of Medical Sciences, Sewagram. …Kms south to Wardha.

4 villages will be selected by convenience (villages having Kiran clinics run by MGIMS Sewagram.

**Study duration**: 31 Jan-15 Feb 2010

**Study design**: Community based qualitative study method.

Method:

Focus group discussions in each selected villages will be conducted. Participants will be villagers from selected villages. Community centre (e.g. temple) will be selected for conducting the FGD. For each FGD, 10-12 persons will be invited as participants. The purpose of the study will be explained orally and verbal consent will be taken. Facilitator will introduce topic and ice-breaking will be done to make sure that all members of the group talk freely and spontaneously.

Audio recording of all the FGD will be done. Socio-demographic details will be collected informally. Questions which will be put forward by facilitator are-

* **Importance of blood donation**

What is blood donation, what is importance of blood donation etc will be discussed. This is to reveal how important this topic is for them.

-E**ligibility for blood donation**

Who is eligible for blood donation?

What is minimum and maximum age to make anyone eligible for blood donation? Are there any differences in eligibility for male and female, vegetarian and non-vegetarian? Is there any condition in which one should not prefer to donate blood? If yes, what are those?

-**Where and how one can donate blood?**

If you wish to donate blood, how will you get reliable information and how will approach to donate blood?

**-What happens to this donated blood?**

What do they know about what happens to this donated blood? Facilitator will try to know knowledge of participants about blood testing for various infections, storage and blood transfusion procedures happening after blood donation.

**- How blood donation can help donor?**

Can blood donation be helpful for blood donor? If yes, how? Like increase blood forming ability, feeling of helped someone, etc.

- A**dverse effects of blood donation**?

Does blood donation affect ones health anyways? If yes, how? Like decrease in sexual ability, weakness due to loss of blood.)

* **Inspiration for donating blood?**

What are inspirations making one to donate blood? What is voluntary blood donation(VBD)? What are problems faced by blood donor?

**-Causes of not donating blood?**

Why reluctant to donate blood-

**Insufficient knowledge**-about our ability, centre, indications,

etc

**Fear** - about ill health or adverse effects

**Resistance** – from relatives, friends, community, etc.

**False belief**- like VBD causes HIV transmission, VBD causes decrease in blood volume, etc.

And question arriving during discussion related to topic can be discussed, but more diversion will be avoided to maintain the flow. These all questions will be discussed in group and everyone will be encouraged to put their views in front of everyone. In case of incomplete understanding of any response is seen, probing will be done to get their meaning clear.

At last any query if any one of them has will be answered. Moreover the facts about blood donation will be told to them.

Analysis:

Content analysis will be done to draw results.

REFERENCES

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